

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>303212</i>	FILING DATE	
AMDT A <i>mod 13</i> CLAIMS								APPLICANT(S)		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	1		1		1					
2		1		1		1				
3	1		1		1					
4		1		1		1				
5										
6										
7	1		1		1	1				
8		1		1		1				
9	1					1				
10	1		1		1					
11		4		4		4				
12	1		1		1					
13		1		1		1				
14	1		1		1					
15		1		1		1				
16	1		1		1					
17	1		1		1					
18		4		4		4				
19	1		1		1					
20		1		1		1				
21	1		1		1					
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49										
50										
TOTAL IND.	14		14		13					
TOTAL DEP.	19	↔	19	↔	18	↔				
TOTAL CLAIMS	30		33		31					